

## State of Utah Utah State Office of Education

Rev. 07/2010

DIRECT PAYME INFORMATION	NT (ACH DEBIT)	AUTH			
			IORIZATIO	N FORM AUTHORIZER	
Authorizer Name	Phone	FAX		Email	
Company Name	Street	City		State, Zip	
DAVAGENT INCOME	ATTYON				
Depository Financial Institution	on Branch Location	Branch Location		Routing Transit Number	
Account Number	City	ity State,		te, Zip	
hereinafter called STAT specified above, herein acknowledges that the provisions of Utah Code STATE has received wr manner so as to afford the	E, to initiate debit entri after called DEPOSITOR origination of ACH trans 70A-4a and U.S. law. The ritten notification from ( he interested parties a re	ies to the Y, and to sactions to is authorize COMPANY asonable to dersigned	account and deduction debit the same COMPANY's accation is to remain of its termination its termination.	State Office of Education pository financial institution to such account. COMPANY count must comply with the n in full force and effect until on in such time and in such zed to execute this payment	
Print Name			Title		
Signature		D	Date		
Print Name			Title		

For questions, call: (801) 538-7625

## Send completed agreement to:

Kathy Nelson Utah State Office of Education 250 East 500South P.O. Box 144200 Salt Lake City, UT 84114-4200 Or FAX to: (801) 538-7605